

UNAPPROVED
BOARD OF PHYSICAL THERAPY MEETING MINUTES

The Virginia Board of Physical Therapy convened for a Board meeting on Friday, November 17, 2017 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Allen R. Jones, Jr., PT, DPT, President
Arkena Dailey, PT, DPT, Vice President
Sarah Schmidt, PTA
Tracey Adler, PT, DPT
Elizabeth Locke, PT, PhD
Mira Mariano, PT, PhD
Susan Szasz Palmer, MLS, Citizen Member

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Corie Tillman Wolf, J.D., Executive Director
Lynne Helmick, Deputy Executive Director, Discipline
David Brown, D.C., Agency Director
Elaine Yeatts, Senior Policy Analyst
Laura Mueller, Program Manager

BOARD COUNSEL PRESENT:

Erin Barrett, Assistant Attorney General

QUORUM:

With 7 members present, a quorum was established.

GUESTS PRESENT:

Richard Grossman, Virginia Physical Therapy Association (VPTA)
Tom Bohanon, DPT, VPTA

CALL TO ORDER

Dr. Allen R. Jones, Jr., President, called the meeting to order at 9:30 a.m. and asked the Board members and staff to introduce themselves. With 7 Board members present, a quorum was established.

Dr. Jones stated the following:

Sign in sheets are available for audience members and those wishing to make public comment. Computers are provided to the Board members for the purpose of the meeting only and have no connection to the internet. The material that they are able to review on the computer is the same material that has been made available to the public. During breaks, audience members are asked

to refrain or discuss Board-related business with members of the Board. Audience members may make comments for the Board members' consideration during the public comment period.

Ms. Tillman Wolf read the Emergency Egress Procedures.

Dr. Jones introduced new Board Member Susan "Suzy" Palmer, MLS.

APPROVAL OF MINUTES:

Upon a motion by Dr. Locke, properly seconded by Dr. Dailey, the Board voted to approve the following meeting minutes:

- Board Meeting – August 22, 2017
- Public Hearing – October 13, 2017
- Regulatory Advisory Panel on Proposed Dry Needling Regulations – November 15, 2017

The vote was unanimous.

Dr. Jones advised that the Board held two Informal Conferences on September 28, 2017, however these minutes do not require approval by the Board.

ORDERING OF AGENDA:

Ms. Tillman Wolf proposed changes to the agenda to remove the presentation from the Division of Risk Management, which will be rescheduled for the Board's February 2018 meeting, and to remove "Questions from Licensees" under New Business, as this topic will be covered by Ms. Tillman Wolf during her Executive Director's Report.

Upon a motion by Ms. Palmer, properly seconded by Ms. Schmidt, the Board voted to accept the revised agenda. The vote was unanimous.

PUBLIC COMMENT:

No public comment was received.

AGENCY DIRECTOR'S REPORT – David Brown, D.C.

Dr. Brown welcomed Ms. Palmer to the Board. Dr. Brown provided information on the planned move of agency resources and personnel including IT, the copy center, and reception to new space on the first floor of the current building. Dr. Brown discussed the development of training videos for Board members, the first of which on probable cause will be completed in a few weeks.

Dr. Brown provided an overview of the status of the opioid curricula workgroup which was convened by Dr. Hazel and led by DHP with the task of developing curricula for health professional schools on opioids. The workgroup included committees on prescribing, addiction, and pain management. Dr. Brown reported that the workgroup has developed a document of core competencies for prescribers and dispensers. A second phase of the workgroup will be

starting to bring in input from other non-prescriber health professional groups that are impacted by the opioid epidemic, including physical therapists. A meeting of representatives from schools for the non-prescriber health professions across the Commonwealth will be held on December 5, 2017, at DHP.

STAFF REPORTS:

Executive Director's Report – Corie Tillman Wolf, Executive Director

Ms. Tillman Wolf welcomed new Board member Susan Palmer, as well as new staff member Candace Carey, Discipline Assistant.

Ms. Tillman Wolf then began her report with the Expenditure and Revenue Summary.

| | |
|--|---------------------|
| Board Cash Balance as of June 30, 2017 | \$ 1,457,317 |
| YTD FY18 Revenue | 43,780 |
| Less YTD FY18 Direct and In-Direct Expenditures | 193,582 |
| Board Cash Balance as September 30, 2017 | \$ 1,307,514 |

Ms. Tillman Wolf provided the following updates from FSBPT:

- Ms. Tillman Wolf participated in two conference calls for the Task Force on Re-Entry to Practice.
- The FSBPT Annual Meeting was held November 1-5, 2017, in Santa Ana Pueblo, NM:
 - Ms. Tillman Wolf participated in panel presentation on Continuing Competency and the aPTitude program.
 - There were a number of updates to the National Physical Therapy Exam (NPTE):
 - The proposed fee increase to \$485 was deferred until at least January 2019
 - Content outlines have been revised
 - A higher standard will be in effect in 2018 for both PT and PTA exams
 - Eligibility requirements for the exam will be changing in the future for non-CAPTE educated students as they related to proof of TOEFL passage (English proficiency examination) and proof of educational equivalence using the coursework tools in effect for PTs (CWT 6) and PTAs (PTA tool).
 - FSBPT discussed a number of products and programs at the annual meeting including the Alternate Approval Process, updates to the Jurisdiction Reference Guide, Model Disciplinary Guidelines, and the Minimum Data Set. Ms. Tillman Wolf noted that Virginia does already employ Model Disciplinary Guidelines in the form of the Sanctioning Reference Points tool and the Minimum Data Set in the form of the workforce data surveys. Ms. Tillman Wolf will provide additional information regarding the Alternate Approval Process later in the agenda.
 - The PT Licensure Compact was enacted April 25, 2017, with passage of legislation in the 10th state. There are 14 states that have passed/enacted the Compact as of July 1, 2017. The initial Rules and Bylaws of Commission were adopted on November 5, 2017, a copy of which was provided to Board members. A new website has been launched – www.ptcompact.org. The first compact privileges are to be issued in mid-

2018. Ms. Tillman Wolf noted that the rules and bylaws adopted further define “home state;” require that criminal background checks be implemented within 6 months of the effective date of Compact legislation; that the Commission will be charging a \$45 fee for the privilege; and that the initial annual assessment for Compact members will be \$0.

- Virginia continues to have a 5-star rating for the Exam, Licensure, and Discipline Database (ELDD).
- The upcoming regulatory training for Board members will be June 9-11, 2018, in Alexandria, Virginia; the next Annual Meeting is scheduled for October 25-27, 2018, in Reston, Virginia.

Board members asked that FSBPT staff be invited to present additional information about the Compact at our next Board meeting.

Ms. Tillman Wolf provided the following information on Licensing:

CURRENT LICENSURE STATISTICS

| | August 2017 | November 2017 | Difference |
|---------------|--------------------|----------------------|-------------------|
| PT | 7,883 | 8,111 | +228 |
| PTA | 3,317 | 3,401 | +84 |
| Total | 11,200 | 11,512 | +312 |
| Direct Access | 1,170 | 1,183 | +13 |

Ms. Tillman Wolf reported that customer satisfaction ratings continue to be high, with a 99.1% overall customer satisfaction rating for FY17, and a 97.3% rating for the first quarter of FY18. Ms. Tillman Wolf thanked Laura Mueller, PT Program Manager, and Heather Wright, who is cross-trained, for their work.

Ms. Tillman Wolf provided the following information on examination passage rates:

2017 YTD PT Exam Stats:

- 558 VA Applicants have taken exam
 - 506/passed – 52/failed
 - 486 first time test takers
 - 90.68% pass rate
- 26 Non-CAPTE Applicants took exam
 - 9/passed - 17/failed
 - 34.62% pass rate

2017 PTA Exam Stats:

- 311 VA Applicants have taken exam
 - 253/passed – 58/failed
- 222 first time test takers
 - 81.35% pass rate
 - 18.65% fail rate

Ms. Tillman Wolf reported that Board staff receive a number of calls from licensees, with the most calls regarding the following categories – school-based physical therapy; home health practice and the practice of PTAs; documentation, including transcription of orders and countersignatures; and general scope of practice – modalities. Ms. Tillman Wolf hopes to address some of these repeat questions as FAQs in upcoming newsletters.

Ms. Tillman Wolf reported that she made two presentations to DPT students in October 2017 at Shenandoah University and Old Dominion University.

With no further questions, Ms. Tillman Wolf concluded her report.

Discipline Report – Lynne Helmick, Deputy Executive Director

Ms. Helmick reported on the current number of open cases, discipline statistics, and Key Performance Measures.

- 35 Total Cases
 - 9 in APD
 - 12 in Investigation
 - 15 in Probable Cause
 - 5 Compliance Cases
- Virginia Performs Q1 FY2018
 - Clearance Rate – at 67% - The Board received 3 cases and closed 2 cases.
 - Pending Caseload over 250 days was at 8%. That represents 1 case.
 - Cases closed within 250 days was at 100%. The goal is 90%.
- In Q1 FY 2018, the Board received 23 cases and closed 16 cases. A total of 13 continuing education audit cases were docketed in Q4 FY 2017.

Ms. Helmick provided a summary of the case types adjudicated in FY 2017 and Q1 FY 2018. With no further questions, Ms. Helmick concluded her report.

BOARD AND COMMITTEE REPORTS:

Report from the FSBPT Annual Meeting - Allen R. Jones, Jr., PT, DPT, Arkena L. Dailey, PT, DPT, Sarah Schmidt, PTA, Elizabeth R. Locke, PT, PhD

Dr. Jones, Dr. Dailey, Dr. Locke, and Ms. Schmidt each shared their takeaways from the Annual Meeting with Board members and voiced their appreciation for the opportunity to attend the meeting.

Board of Health Professions Report – Allen R. Jones, Jr., PT, DPT

Dr. Jones stated that his report and the meeting minutes were provided for Board members' review in the additional meeting materials.

Dr. Jones called for a break at 10:51 a.m. The Board meeting reconvened at 11:00 a.m.

Regulatory Advisory Panel (RAP) – Proposed Regulations on the Practice of Dry Needling
– Allen R. Jones, PT, DPT

Dr. Jones deferred his report on the RAP to Elaine Yeatts for discussion of the recommendations from the RAP.

Legislative and Regulatory Actions – Elaine Yeatts

Consideration of Recommendations of the RAP – Response to Public Comment and Proposed Regulations on the Practice of Dry Needling/Consideration of Regulations

Ms. Yeatts explained that the Board would not be considering the adoption of final regulations on the practice of dry needling, but rather, due to the substantive changes proposed, the Board would consider re-proposed regulations at this time. Ms. Yeatts provided an overview of the second meeting of the RAP, which discussed the training issue not fully discussed at the first RAP meeting. Ms. Yeatts provided an overview of recommended changes from both RAP meetings to the current proposed stage language. Upon a motion by Ms. Schmidt, properly seconded by Dr. Adler, the Board voted to move the presented draft language changes forward and adopt those changes as re-proposed regulations. The vote was unanimous. (Attachment A)

Adoption of Final Regulations on the Recognition of the oPTion Assessment Tool

Ms. Yeatts provided an overview of the proposed regulations and stated that no public comments were received. Upon a motion by Dr. Dailey, properly seconded by Ms. Schmidt, the Board voted to adopt final regulations on the recognition of the oPTion assessment tool. The vote was unanimous. (Attachment B)

Consideration of Revisions to Bylaws

Ms. Yeatts provided an overview of proposed revisions to the Board's bylaws related to delegation to the Executive Director the authority to provide investigatory information to other agencies pursuant to the provisions of 54.1-2400.2(D) and (F), and to changing the timing of elections to the first meeting of the organizational year. Upon a motion by Ms. Schmidt, properly seconded by Ms. Palmer, the Board voted to adopt the revisions to the bylaws as presented. The vote was unanimous. (Attachment C)

OLD BUSINESS

Update - Sanctioning Reference Points (SRPs)– Neal Kauder, VisualResearch, Inc.

Mr. Kauder provided an update to the Board regarding revision of the SRPs. Mr. Kauder provided an overview of proposed changes to the current SRP worksheet in the point ranges and the scoring factors, as well as proposed changes to the wording of the instructions, which will be further reviewed by Board staff.

Upon a motion by Dr. Dailey, properly seconded by Ms. Schmidt, the Board voted to move forward with the proposed changes to the SRP worksheet. The vote was unanimous.

NEW BUSINESS

Consideration of Continuing Education Credit for Attendance of Board Meetings – Elizabeth Locke, PT, PhD

Dr. Locke asked the Board to consider permitting Board members to obtain Type 2 CE hours for attendance of Board meetings and hearings. Board members discussed broadening the attendance to all licensees who attend Board meetings or hearings, which would be an opportunity for licensees to see how the Board works and makes decisions. Ms. Yeatts discussed regulatory options and language in the current regulation that limits Type 2 hours to hours related to “clinical” practice that could be stricken to accomplish the objective. Ms. Yeatts explained that the proposed change could be a fast-track regulatory action, as it would not likely be controversial.

Upon a motion by Dr. Mariano, properly seconded by Dr. Dailey, the Board voted to move forward with promulgating a fast-track regulation to permit licensees to obtain up to two hours of Type 2 CE hours per renewal cycle for attendance of Board meetings and hearings. The motion carried unanimously.

Practitioner Response to Opioid Epidemic – Tracey Adler, PT, DPT

Dr. Adler explained that one of the methods her practice has used to address the use of opioid prescriptions by patients is through a brochure to patients. Dr. Adler explained that there are current initiatives through the GetPTfirst campaign and the American Physical Therapy Association to promote the use of physical therapy as an alternative to opioid prescriptions. The leading group of patients who become opiate-dependent are those who have sought back pain treatment.

Ms. Barrett commented that the regulations promulgated by the Board of Medicine also incorporate the practice of encouraging patients to seek alternate modalities of treatment (e.g. physical therapy) prior to starting treatment with opioid prescriptions.

Alternate Approval Process – Corie E. Tillman Wolf

Ms. Tillman Wolf provided an overview of the Alternate Approval Process (AAP) which has been proposed by FSBPT as a service to boards. Through the APP, FSBPT would make graduates from CAPTE-accredited schools eligible to sit for the national exam and would process ADA requests for accommodations. The candidate’s score would then be reported to the state(s) of choice; the candidate would then go through the license application process. This was a process that was created at boards’ request and is currently in use in Texas.

Ms. Tillman Wolf explained the current licensure process for Board staff and some of the perceived “pros” and “cons” to instituting the AAP process. The three options for the Board’s

consideration were (1) whether or not to consider the AAP process; (2) whether to defer consideration of the process until a later time; or (3) obtain more information from FSBPT regarding the program.

Board members discussed the proposed options and the notion of where the current licensure process is not broken, then there is no real need to institute a new process. Board members further discussed the merit of having a presentation by FSBPT staff sometime in 2018, but that the process would be taken under advisement at this time. Ms. Tillman Wolf stated that, for efficiency, it may be possible to have a presentation by FSBPT staff on the AAP at the same time as the PT Compact.

NEXT MEETING – February 13, 2018

Prior to adjourning the meeting, Dr. Jones thanked members of the RAP as well as Board staff for their work on the proposed regulations for dry needling. Dr. Adler also thanked members of the RAP for their work.

ADJOURNMENT

The meeting was adjourned at 12:25 p.m.

Allen R. Jones, Jr., PT, DPT, President

Corie Tillman Wolf, J.D., Executive Director

Date

Date

BOARD OF PHYSICAL THERAPY

Practice of dry needling

18VAC112-20-121. Practice of dry needling.

A. Dry needling is an invasive procedure that requires referral and direction in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing; if the initial referral is received orally, it shall be followed up with a written referral.

B. Dry needling is not an entry level skill but an advanced procedure that requires additional [, post-graduate] training.

[1.] The training shall be specific to dry needling and shall include emergency preparedness and response, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses.

[2. The training shall consist of didactic and hands-on laboratory education and shall include passage of a theoretical and practical examination. The hands-on laboratory education shall be face-to-face.

3. The training shall be in a course certified by FSBPT or approved or provided by a sponsor listed in subsection B of 18VAC112-20-131.

4. The practitioner shall not perform dry needling beyond the scope of the highest level of his training.]

C. Prior to the performance of dry needling, the physical therapist shall obtain informed consent from the patient or his representative. The informed consent shall include the risks and

benefits of the technique [and shall clearly state that the patient is not receiving an acupuncture treatment] . The informed consent form shall be maintained in the patient record.

[D. Dry needling shall only be performed by a physical therapist trained pursuant to subsection B and shall not be delegated to a physical therapist assistant or other support personnel.]

Project 4983

BOARD OF PHYSICAL THERAPY

Recognition of oPTion assessment tool

Part I

General Provisions

18VAC112-20-10. Definitions.

In addition to the words and terms defined in § 54.1-3473 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"CLEP" means the College Level Examination Program.

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"Assessment tool" means oPTion or any other competency assessment tool developed or approved by FSBPT.

~~"PRT" means the Practice Review Tool for competency assessment developed and administered by FSBPT.~~

"Reevaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during which an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another U.S. jurisdiction;
2. The required application, fees, and credentials to the board;

3. A current report from the Healthcare Integrity and Protection Data Bank (HIPDB);
4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another U.S. jurisdiction, or 60 hours obtained within the past four years;
5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state at the time of initial licensure in that state; and
6. Documentation of active practice in physical therapy in another U.S. jurisdiction for at least 320 hours within the four years immediately preceding his application for licensure.

A physical therapist who does not meet the active practice requirement shall:

- a. Successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140; or
- b. Document that he ~~meets the standard of the PRT~~ attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully complete 160 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

C. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the

licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by one of the following organizations or any of its components:

- a. The Virginia Physical Therapy Association;
- b. The American Physical Therapy Association;
- c. Local, state or federal government agencies;
- d. Regionally accredited colleges and universities;
- e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;
- f. The American Medical Association - Category I Continuing Medical Education course; and
- g. The National Athletic Trainers' Association.

2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. Type 2 activities may include but not be limited to consultation with colleagues, independent study, and research or writing on subjects related to practice.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

5. A physical therapist who can document that he ~~has taken the PRT~~ attained at least Level 2 on the FSBPT assessment tool may receive ~~40~~ 5 hours of Type 1 credit for the biennium in which the assessment tool was taken. A physical therapist who can document that he ~~has met the standard of the PRT~~ attained at least Level 3 or 4 on the FSBPT assessment tool may receive ~~20~~ 10 hours of Type 1 credit for the biennium in which the assessment tool was taken. Continuing competency credit shall only be granted for the FSBPT assessment tool once every four years.

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated;

2. Providing proof of 320 active practice hours in another jurisdiction within the four years immediately preceding application for reactivation.

a. If the inactive physical therapist licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he ~~has met the standard of the PRT~~ attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for reactivation of licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If the inactive physical therapist assistant licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140; and

3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-27 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-27;
2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and

3. Have actively practiced physical therapy in another jurisdiction for at least 320 hours within the four years immediately preceding applying for reinstatement.

a. If a physical therapist licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 or documenting that he has met ~~the standard of the PRT~~ attained at least Level 2 on the FSBPT assessment tool within the two years preceding application for licensure in Virginia and successfully completing 160 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

b. If a physical therapist assistant licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140.

VIRGINIA BOARD OF PHYSICAL THERAPY BYLAWS

ARTICLE I: GENERAL

The organizational year for the Board of Physical Therapy shall be from July 1st through June 30th. The officers of the Board of Physical Therapy shall be a President and a Vice-President. At the ~~last~~ first regularly scheduled meeting of the organizational year, the board shall elect its officers. The term of office shall be one year, an officer may be re-elected in that same position for a second consecutive term. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.

For purposes of these Bylaws, the Board schedules full board meetings to take place during each quarter, with the right to change the date or cancel any board meeting, with the exception that a minimum of one meeting shall take place annually. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the President shall make a recommendation about the Board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE II: OFFICERS OF THE BOARD

1. The President presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees and committee chairpersons unless otherwise ordered by the Board.
2. The Vice-President shall act as President in the absence of the President.
3. In the absence of both the President and Vice-President, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

ARTICLE III: ORDER OF THE BUSINESS MEETINGS

The order of the business shall be as follows:

1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
2. Approval of minutes.
3. The Executive Director and the President shall collaborate on the remainder of the agenda.

ARTICLE IV: COMMITTEES

There shall be the following committees:

A. Standing Committees:

1. **Special Conference Committee.** This committee shall consist of two board members who shall review information regarding alleged violations of the physical therapy laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President may also designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.
2. **Credentials Committee.** The committee shall consist of two board members. The members of the committee will review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
3. **Legislative/Regulatory Committee.** The committee shall consist of at least three Board members. The Board delegates to the Legislative/Regulatory Committee the authority to recommend actions to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication.
4. **Continuing Education Committee.** This committee shall consist of at least two board members who review requests from licensees who seek a waiver or extension of time in complying with their continuing competency requirements.

B. Ad Hoc Committees

There may be **Ad Hoc Committees**, appointed by the Board as needed each of which shall consist of at least two persons appointed by the Board who are knowledgeable in the particular area of practice or education under consideration by the Board. The committee shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

ARTICLE V.: GENERAL DELEGATION OF AUTHORITY

1. The Board delegates to Board staff the authority to issue and renew licenses, registrations and certificates where minimum qualifications have been met.
2. The Board delegates to the Executive Director the authority to reinstate licenses, registrations and certificates when the reinstatement is due to the lapse of the license, registration or certificate and not due to previous Board disciplinary action.
3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms and documents. New or revised forms must be presented to the Board at its next regularly scheduled meeting.
4. The Board delegates to the Executive Director the authority to sign as entered any Order or Board-approved Consent Order resulting from the disciplinary process.
5. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary, and the authority to approve requests for disclosure of investigative information pursuant to Virginia Code § 54.1-2400.2(D) and (F).
6. The Board delegates to the President, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.
7. The Board delegates an informal fact-finding proceeding to any agency subordinate upon determination that probable cause exists that a licensee may be subject to a disciplinary action. Cases that may not be delegated to an agency subordinate include, but are not limited to, those that involve: intentional or negligent conduct that causes or is likely to cause injury to a patient; mandatory suspension resulting from action by another jurisdiction or a felony conviction; impairment with an inability to practice with skill and safety; sexual misconduct; and unauthorized practice. The Board may delegate to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.
8. The Board delegates to the Executive Director, the authority to approve applications with criminal convictions in accordance with Guidance Document 112-23.

ARTICLE VI. AMENDMENTS

A board member or staff personnel may propose amendments to these Bylaws by presenting the amendment in writing to all Board members prior to any regularly scheduled meeting of the Board. Such proposed amendment shall be adopted upon favorable vote of at least two-thirds of the Board members present at said meeting.

f